INSTRUCTIONS: GENERAL INSTRUCTION

- Submit 2 complete copies each with **original** signatures.
- All documents and copies must have **original** signatures.
- Deadline: JULY 1, 2000 - Return all completed documents to:

Virginia Department of Education **School Nutrition Programs** Post Office Box 2120 Richmond, VA 23218-2120

PAGE 1-6 – LETTER OF AGREEMENT

- Type in School Division name in two spaces on page 1. 1.
- 2. Read carefully the content of pages 1-5.
- 3. Page 6 must have an original superintendent's signature - STAMP SIGNATURE IS NOT ACCEPTABLE.

ATTACHMENT A – DESIGNATION OF OFFICIALS

Carefully review this form and fill in the BLANKS. (This establishes the responsibility for the individuals designated as the Hearing, Determining, and Verifying Official)

NOTE: Hearing Official cannot be the same person as the Determining or

Verifying Official.

ATTACHMENT B - INCOME ELIGIBILITY GUIDELINES

INCOME CHART - No Instructions required.

ATTACHMENTS C1 & C2 – LETTERS TO HOUSEHOLDS

Fill in the blanks with

- School Division Name a.)
- b.) Lunch price for full price meals
- Breakfast price for full price meals c.)
- Lunch price for reduced price meals d.)
- Breakfast price for reduced price meals e.)
- f.) Name and address of Hearing Official
- Type in the name and telephone number of the person who signed the letters. g.)

Please make sure all your forms have changed the word "handicapped" to NOTE: "disabled."

ATTACHMENT D - MEAL APPLICATIONS

<u>Section 6 – Other Benefits</u> - THIS SECTION IS <u>OPTIONAL</u>.

NOTE: If you want to include a BLOCK FOR PARENTS to give permission to allow the information on meal application to be used for other purposes, you must specify the other uses and allow space to check each.

You may use the following: "Yes, "I give permission for the information provided on this application to be used only for the programs checked below. I understand that I give up my rights to confidentiality for this purpose only."

- □ Child and Adult Care Program (Extended Day Care)
- □ Summer Food Service Program
- Health Department Clinics
- □ Tuition waivers for designated programs
- □ Children's Medical Security Insurance Plan (CMSIP)

NOTE: You may add other programs specific to your division

This may allow you to more easily share information with other programs that serve the needs of children.

Section for non-discrimination statement - *Note the <u>new</u> non-discrimination statement.

ATTACHMENT - E1 - NOTIFICATION OF ELIGIBILITY (for applications)

This letter is used for APPLICATION NOTIFICATION, **NOT** DIRECT CERTIFICATION

NOTE: (1) Make sure you are using "disabled" not "handicapped."

> If you use the optional paragraph, specify the programs above in the (2) instructions for Attachment D.

ATTACHMENT - E2 - NOTIFICATION FOR ELIGIBILITY FOR DIRECT CERTIFICATION

Used for Direct Certification Notification

NOTF: Make sure you are using "disabled" not "handicapped." (1)

> If you use the optional paragraph, specify the programs above in the (2) instructions for Attachment D.

ATTACHMENT F - NEWS RELEASE

Prepare News Release that will be distributed.

Include a list of groups or individuals to whom this release will be sent.

NOTE: (1) Be sure you update the income scale.

> Fill in the blanks with appropriate names. (2)

ATTACHMENT G1 and G2 - COLLECTION PROCEDURES

- This must be specific to your division.
- It may include different methods of collection for different schools or programs within a school.
- Procedures must reflect good accountability controls.
- Be as detailed as possible.
- The written procedure must match the actual practice.
- Include original tickets and sample rosters that have been filled in.

ATTACHMENT H - DIRECT CERTIFICATION

- Provide a detailed description and procedures used in completing Direct Certification.
- Make sure superintendent's signature is **ORIGINAL** ON 2 COPIES.
- Check which format you want to receive the DATA by checking the appropriate block at the bottom of the page.